Board of Chiropractic Examiners

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PETITION FOR EARLY TERMINATION OF PROBATION

No petition for early release from probation will be entertained until one year after the effective date of the Board's disciplinary action. The decision on the petition will be made by the full Board in accordance with Section 11522 of the Government Code.

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. As a rule, no early termination of probation will be granted unless the probationer has at all times been in compliance with the terms and conditions of probation.

		Board Meeting Date Requested								
Please print	or type			_		(see attached sheet for dates)				
Name:	Last	First	Middle	Former	License n	umber:				
Address:	Number		Street		Date issue	ed:				
	City	S	tate	Zip Code	Licensed		am :her			
Home telepl	none number:			Work telepl	none number					
()				()						
Business Ad	ldress: Num	ber	Street	City		State	Zip Code			
Date of Birth			Driver's License Number/State		ite	Social Security Number				
	State/Country		Issue Date	License	Number	ber Current Status				
Chiropractic	c College you atte	nded:								
Nai	me of School:									
Dat	Dates Attended:		From		То					
Gra	duation Date:									
Dat	e Degree Granted:									

regardless of the age of th	or a local ordinance? You must include all misdemeanor and felony convictions, ne offense, including those which have been set aside under Penal Code section as of \$300 or less need not be reported.)	☐ Yes*	Е
Are you now on probation certified copies of all cour	n or parole for any criminal violations in this state or any other state? (Attach rt documents).	☐ Yes*	
Have you ever had disciple state?	linary action taken against any professional license in this state or any other	☐ Yes*	ٔ [
Are you or have you ever	been addicted to the use of narcotics or controlled substances?	☐ Yes*	
Are you or have you ever	been habitually intemperate in the use of alcohol or other drugs?	☐ Yes*	
Have you ever been or are or drug addiction?	e you currently under observation or treatment for mental disorders, alcoholism,	☐ Yes*	• [
* If you answered yes to giving full details.	any of the above questions, you must attach a statement of explanation		
giving fun uctans.			
Answer tl	he Following Questions on an Attached Sheet of Paper		
	he Following Questions on an Attached Sheet of Paper blinary action taken against your license and explain fully the reason for the		
List the date of disciplinary action.			
List the date of disciplinary action. Explain fully why you	olinary action taken against your license and explain fully the reason for the a feel your probation should be terminated early.		
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